REPORT OF PAST DRUG AND/OR ALCOHOL TEST RESULTS

To: Crete Public Schools ("School District")
From: _____ *[Insert name of Company submitting results]*
Re: _____ *[Insert Driver/Applicant's name]*
_____ *[Insert Driver/Applicant's Social Security Number]*
_____ *to* _____ *[Insert "Relevant 2 Year Period" dates]*

In accordance with the DOT regulations, School District's request, and the Driver/Applicant's Consent, the Company reports the following results of drug and alcohol tests conducted on the above named Driver/Applicant by this Company during the above designated "Relevant 2 Year Period."

(i) Past Alcohol Test Results: ″ No alcohol tests conducted during relevant period
Date of Test: _____ ″ 0.04 or greater ″ Negative ″ Refused to be tested
Date of Test: _____ ″ 0.04 or greater ″ Negative ″ Refused to be tested

(ii) Past Drug Test Results: ″ No drug test conducted during relevant period
Date of Test: _____ ″ Verified Positive ″ Negative ″ Refused to be tested
Date of Test: _____ ″ Verified Positive ″ Negative ″ Refused to be tested

(iii) Refusals to Submit: (Note: Refusals to submit include verified adulterated or substituted drug tests)
″ No refusal to submit to drug and/or alcohol test during relevant period
″ Refusal to submit to drug and/or alcohol test during relevant period, on the following dates:
Date of Refusal: _____ Nature of Refusal: _____
Date of Refusal: _____ Nature of Refusal: _____

(iv) Any Other Violations of DOT Agency Drug and/or Alcohol Testing Regulations:
″ No such violations during period specified
″ Violations occurred during relevant period, on the following dates:
Date of Violation: _____ Nature of Violation: _____
Date of Violation: _____ Nature of Violation: _____

(v) Completion of DOT Return-to-Duty Requirements, including follow-up tests:
″ Not Applicable, no violations occurred during period specified
″ Not Applicable, violation(s) occurred during period specified, but Company has no record of successful completion of return-to-duty requirements
″ Documents are attached; violation(s) occurred during period specified, and Employee successfully completed return-to-duty requirements

_____ _____ _____
Date Name of person completing form *(type/print)* Title *(type/print)*